MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049965 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 13080

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JAN 9 1964

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED
1			
2	28	15	2 1
3			
4	3		
5	1		
6			
7	1		
8	2		
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11			
12	90-1		
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90

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
   Length of stay in 1b: 34 years
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5064 Wabada Avenue
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY
   c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 5064 Wabada Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUTH Middle Last SLAUGHTER

4. DATE OF DEATH: Month Day Year: December 28, 1963

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/12/96

9. AGE (last birthday): 67 — IF UNDER 1 YEAR Months: 0 Days: 16 — IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Board of Edu.

11. BIRTHPLACE (City and state or country): Eureka, Indiana

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: John Haynes

13b. MOTHER'S MAIDEN NAME: Sallie Archer

14. NAME OF HUSBAND OR WIFE: Horace Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of serv --

16. SOCIAL SECURITY NO.

17. INFORMANT: Horace Slaughter Address: 5064 Wabada Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Melanotic Ca to brain — INTERVAL BETWEEN ONSET AND DEATH: 3 1/2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-21-59, to 12-28-63 and last saw her him alive on 12-23-63
Death occurred at 11 pm 12-28-63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alva Mason M

22b. ADDRESS: 2814 Taylor

22c. DATE SIGNED: 12-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1/2/64

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS: Charles J. Gates 4107 Finney

25. DATE RECD. BY LOCAL REG.: JAN 2 1964

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.